

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		2				
15		2				
16		2				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1					
24		1				
25		2				
26		2				
27		2				
28		0				
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50						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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